

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-042091

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 10 1962

## 1. PLACE OF DEATH

a. COUNTY

Cooper

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN BoonvilleLength of stay in 1b  
17 Monthsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Boonville Nursing HomeInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Adair

c. CITY  
OR  
TOWN KirksvilleInside Limits  
Yes ☒ No ☐

d. STREET ADDRESS 608 S. Elson

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First  
JohnMiddle  
D.Last  
McCoy4. DATE  
OF  
DEATHMonth  
DecemberDay  
6Year  
19625. SEX  
Male6. COLOR OR RACE  
White7. Marital Status  
Never Married ☒ Divorced ☐  
Widowed ☐

8. DATE OF BIRTH

9. AGE (last birthday)  
81IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Plant Manager10b. KIND OF BUSINESS OR INDUSTRY  
Stamper Produce Co.11. BIRTHPLACE (City and state or country)  
Appanoose Co. Iowa12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Wm. M. McCoy

## 13b. MOTHER'S MAIDEN NAME

Rebecca Daniels

## 14. NAME OF HUSBAND OR WIFE

Hester Margaret Alward

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. S. A. Key, Boonville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ateletic Pneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

4 da.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Senility

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from December 1961 to Dec. 1962 last saw him alive on Dec. 5, 1962  
Death occurred at 5:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Mary K. Jones, D.O.

## 22b. ADDRESS

Boonville, Mo.

## 22c. DATE SIGNED

12/7/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial

## 23b. DATE

Dec. 9, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Greentop Cemetery

## 23d. LOCATION (City, town, or county)

Greentop, Missouri.

## 24. FUNERAL DIRECTOR

ADDRESS

Goodman &amp; Boller, Boonville, Mo.

## 25. DATE RECD. BY LOCAL REG.

12/7/62

## 26. REGISTRAR'S SIGNATURE

B. Hooper

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1961 61 NNR

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.